

CITY OF REDMOND

Development Services Center 15670 NE 85th Street, 2nd Floor *Redmond, WA 98052* (425) 556-2473 www.redmond.gov

FOR STAFF USE ONLY						
DEV	Date:/					
PRJ	App expires:/					
В	Accepted by:					
Туре:	Payment method:					

Residential Permit Application

TYPE OF WO	P.K									
□ New Residence □ Addition □ Remodel										
☐ Accessory Structure ☐ IRC Townhouse # units	ŭ									
•										
GREEN CERTIFICATION LEVEL Built Green: □ 4 star □ 5 star LEED for Homes: □ Silver □ Gold □ Platinum										
SITE LOCATION										
Site Address: Tax Parcel Number:										
Project Name/Tenant:										
Location/Plat name/Lot number:										
Property Owner:	_Phone: (
Mailing Address:										
Lender Name:										
Mailing Address:	_City:Zip:									
DETAILED DESCRIPTION	ON OF WORK									
APPLICANT/CONTAC	T PERSON									
Contact Person:										
	Phone: (
Contact Person:	Phone: () - Fax: () -									
Contact Person: Company Name:	_ Phone: (
Contact Person: Company Name: Mailing Address:	_ Phone: (
Contact Person: Company Name: Mailing Address: E-mail Address:	_ Phone: (
Contact Person: Company Name: Mailing Address: E-mail Address: GENERAL CONTRACTOR Company Name:	Phone: ()Fax: ()City:Zip:									
Contact Person: Company Name: Mailing Address: E-mail Address: GENERAL CONTRACTOR	Phone: ()Fax: ()City:Zip:									
Contact Person: Company Name: Mailing Address: E-mail Address: GENERAL CONTRACTOR Company Name: Mailing Address:	Phone: (
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Contact Person: Company Name: Mailing Address: E-mail Address: GENERAL CONTRACTOR Company Name: Mailing Address: E-Mail Address: E-Mail Address: Fax: () Redmond Busine State Contractor's License #: DESIGN PROFESS Design Professional's Name: Contact Person:										

			BUILDING INFO	RMATION					
Automatic Sprinkler	required	Yes □ No □	Accesso	es 🗆 No 🗆					
Basement		Yes □ No □	Well *Yes			es 🗆 No 🗇			
Number of Stories			Septic System			*Yes □ No □			
Low Fire Flow Area		Yes ☐ No ☐							
*King County Health l Permit. For more info						the application	for a Building		
BUILDING SQUARE FOOTAGE									
	Dwelling	Covered Deck/Porch	Uncovered Deck/Porch	Garage	Detached Structure	IRC Townhome	<u>Total</u>		
Existing		Bookir Gron	Booki Gron		Cirdotaro	Townsome			
New or Additional Square Footage									
Square Footage to be removed									
<u>Total</u>									
Remodel Square Footage									
mechanical system Official shall make International Buildi Expiration of Plar application shall ex Official may grant a International Buildi	the final deng Code. Review: A pire and ala 180-day e	etermination of Applications for Il fees paid sha extension to the	the value of cor which no perm Il be forfeited. Use Plan Review ti	it is issued with Jpon written re me as specifie	pecified in So hin 180 days equest of the d in Section	ection 108.3 o following the applicant, the 105.3.2 of the	f the date of Building		
		BUII DING	OWNER OR AU	ITHORIZED AG	FNT				
I hereby certify that I authorized to apply f		and examined th				nd correct, and I	am		
Print Name:									
Signature:									
			www.redmoi	nd.gov					
	F	t Dida Call	Office Use	•					
			Propo						
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